

OMB Number 4040-0004 Expiration Date: 04/31/2012

Application for Federal Assistance SF-424 Version 02					
*1. Type of Submission	*2. Type of Application *If Revision, select appropriate letter(s):				
·					
Preapplication	✓ New				
Application	Continuation	* Other (Specify)			
☐ Changed/Corrected Application	Revision				
*3. Date Received:	4. Application Ident	fier:			
5a. Federal Entity Identifier: *5b. Federal Award Identifier:					
	<u> </u>				
State Use Only:					
6. Date Received by State:		te Application Identilier:			
8. APPLICANT INFORMATION:					
* a. Legal Name: Natural Resour		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
* b. Employer/Taxpayer Identifica 84-0644739	* b. Employer/Taxpayer Identification Number (EIN/TIN): *c. Organizational DUNS: 879015899				
d. Address:					
*Street1: 1313 Sherman Street	,				
Street 2: Suite 718		•			
*City: Denver					
County: Denver					
*State: Colorado					
Province:					
Country:	*	Zip/ Postal Code: 80203 - 2259			
e. Organizational Unit:					
Departinem Name:		Division Name:			
Colorado Department of Natural Resources		Colorado Division of Reclamation, Mining & Safety			
Colorado Dopartinont o Hatarar Nococioco					
		i literatura			
		on matters involving this application:			
Prefix:	First Nar	ne: Kimberly			
Ntid le N'a ne:		1 1			
*Last Name: Seymour Suffix:					
Titie: Grants Officer					
Organizational Affiliation:					
*Talanhana Number: 202 000 250	7 v+ 04/44 E	ax Number			
*Telephone Number: 303-866-356 *Email: kimberly.seymour@stat		ax runnul.			



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*City: Denver				
County: Denver				
*State: Colorado				
Province:		0070		
Country:	*2	ip/ Postal Code: 80203 - 2239		
e. Organizational Unit:				
Department Name:		Division Name:		
Colorado Department of Natural Resources		Colorado Division of Reclamation, Mining & Safety		
f. Name and contact information of	person to be contacted or	matters involving this application:	***************************************	
Prefix:		: Kimberly	· · · · · · · · · · · · · · · · · · ·	
Ntid le Name:		,		
*Last Name: Seymour			-	
Suffix:				
Title: Grants Officer				
Organizational Affiliation:				
1				
			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
*Telephone Number: 303-866-356		Number:	WARRANCE TO THE RESIDENCE OF THE PARTY OF TH	
*Email: kimberly.seymour@state	e.0a			

Colorado Department of Natural Resources/
Division of Reclamation, Mining & Safety
Application for Rico Argentine Mines near the
Town of Rico, Dolores County, Colorado

Resubmitted March 20, 2012

OMB Number: 4040-0004 Expiration Date: 04/31/2012 Version 02

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type: A. State Government	
A. S. C.	
Type of Applicant 2: Select Applicant Type:	
- Select One -	
Type of Applicant 3: Select Applicant Type:	
- Select One -	
*Other (specify):	
*10. Name of Federal Agency:	e commence and the commence of
U.S. Environmental Protection Agency 11. Catalog of Federal Domestic Assistance Number:	
66.802	
CFDA Title:	
Superfund State, Political Subdivision, and Indian Tribe Site-	Specific Cooperative Agreements
*12. Funding Opportunity Number:	
*Title:	
13. Competition Identification Number:	
Title:	
1110.	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Dolores County	
*15. Descriptive Title of Applicant's Project:	
Rehabilitation measures and hydrologic investigation of underg complex.	round workings at Rico-Argentine mine
Attach supporting documents as specified in agency instructions.	

OMB Number 4040-0004 Expiration Date: 04/31/2012

*b. Program/Project: *a. Applicant 17. Proposed Project: *a. Start Date: 05/01/2012 *b. End Date: 12/31/2033 18. Estimated Funding (\$): *a. Start Date: 05/01/2012 *b. End Date: 12/31/2033 18. Applicant *c. Statae *d. Local *c. Other *f. Program Income *g. TOTAL *g. TOTAL *g. Total as object to Review By State Under Executive Order 12372 Process for review on b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372 *g. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) 18. *Psy signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comp with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject to certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement of agency specific instructions. Authorized Representative: *First Name: Bruce Midd le N ame: *Last Name: Stover Suffix: *First Name: Bruce *Email: Director, Active & Inactive Mine Program *Telephone Number: 303-866-3567 xt 8146 *Email: Director, Active & Inactive Mine Program	Application for Federal Assi	stance SF-424 Version 02
Attach an additional list of Program/Project Congressional Districts if needed. 17. Proposed Project: *a. Start Date: 05/01/2012 *b. End Date: 12/31/2013 18. Estimated Funding (S): *a. Federal \$44,585.00 *b. Applicant *c. State *d. Local *c. Other *f. Program Income *g. TOTAL \$44,585.00 *19. Is Application Subject to Review By State Under Executive Order 12372 Process? a. This application was made available to the State under the Executive Order 12372 Process for review on b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372 *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Yes No 11. *By signing this application, I certify (I) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comp with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subjeme to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I AGREE** *The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement of agency specific instructions. Authorized Representative: *First Name: Bruce Midd le N ane: *Last Name: Stover Suffix: *First Name: Bruce *Telephone Number: 303-866-3567 xt 8146 Fax Number:		
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*Telephone Number: 303-866-3567 xt 8146 Fax Number: *Email: bruce.stover@state.co.us		Mine Program
*Email: bruce.stover@state.co.us		